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Clinical Impact of Hepatitis C Infection in Military Active Duty women

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enrolled in the study. Sul who visit outpatient clip Demographic data and swere: a marker of liver infection: antibody to HC at the present time and r 54 years participated. (2.7%) of the volunteer women, 2.83% among (2.7%) serum specimens under code and we are in In summary, active duty present. HCV-infection (blood donors (0.5%).	f hepatitis C infection ambjects were grouped under nics and 81 women wherelogic diagnosis of the disease: alanine aminotry by ELISA and recombinesults are preliminary. 93 Among the 932, 420 wes had abnormal ALT level clinic patients and 8.64% at tested positive for antibute the process of analyzing women have evidence of	r 3 categories: 463 here of are hospitalized for infection were conditional ansferase (ALT) and ant immunoblot assars 2 women in active of the conficers and 512 less, the distribution among inpatients on the results to estable abnormal ALT which	men, 932 volunteers were ealthy women, 388 women or a variety of diagnosis. Lucted. Serological assays specific markers of HCV y. Data are being analyzed duty, aged between 18 and were enlisted. Overall, 25 was 1.5% among healthy Similarly approximately 25 HCV antibody were tested dish statistical correlations. In increases when disease is ad among healthy American
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CLINICAL IMPACT OF HEPATITIS C INFECTION IN MILITARY ACTIVE DUTY WOMEN TABLE OF CONTENTS

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INTRODUCTION

Hepatitis C virus (HCV) infection is a common infection in the United States. About 0.3% of American blood donors (1) and 1.4% of apparently healthy Americans test positive for the virus (2). Statistically, these rates will correspond to a reservoir of approximately 3.5 million HCV infected persons in the United States (2). HCV leads to progressive liver disease, including cirrhosis in 20% of infected individuals. In addition approximately 20% of cirrhotics will develop hepatocellular carcinoma. There is little information about the prevalence or morbidity of the infection in women. Published clinical trials of interferon-alpha, the only approved therapeutic drug, show an 80% enrollment of men. This research effort attempts to minimize this gap in knowledge.

Healthy women and diseased women will be studied. Further more, enrollment of women who are ill, would be recruited in two categories, outpatient and inpatient. This distinction could serve as a measure of magnitude of disease status. All volunteers will be asked to answer a questionnaire and donate a blood sample. The questionnaire will collect basic demographic data such as age, race and MOS. In addition known risk factors for HCV will be asked such as past history of blood transfusions, intravenous drug abuse, sexual promiscuity, past history of liver disease, increased alcohol intake, etc. The blood sample will be used to test for alanine aminotransferase, a marker of liver disease and for hepatitis C serological markers. Once data are collected, statistical analysis would be carried out. Primary goal is to observe rates of hepatitis C infection in these three groups of active duty women.

BODY OF THE REPORT

The experimental methods used to accomplish this research were as follows:

Active duty women were recruited from 3 different categories: healthy women, women who sought medical advice as outpatients and women who were hospitalized for a variety of medical diagnosis. Women with previous known liver disease were excluded.

Written questionnaire obtained from each volunteer , where the following questions were asked:

Demographic data: age, race, military rank

Epidemiological risks for hepatitis C infection: Occupation, MOS, history of blood transfusion, history of intravenous drug abuse, sexual promiscuity.

Serological data:

A serum sample was obtained from each volunteer to test for alanine aminotransferase (ALT) as a non-specific marker of liver disease.

Sera were also tested for specific markers of hepatitis C virus infection: antibody against the virus by ELISA and recombinant immunoblot assay. Sera which was found to be positive by the antibody assay will be tested for HCV RNA HCV RNA is a test of viral replication. In addition, the HCV viral genotype will be assessed in each positive sample.

RESULTS

Recruitment is still ongoing and the results discussed below are preliminary in nature.

To date 932 volunteers have been recruited.

463 are healthy active duty women

388 are active duty women who visited an outpatient clinic

81 were active duty women hospitalized for a variety of diagnosis

The women were aged between 18 and 54 years, 420 were officers and 512 enlisted. The racial distribution were as follows, 59% Caucasians, 29% African Americans, 7% Hispanics, 3% Asian and 2% belong to other ethnic groups.

Correlations between risk factors and HCV infection are in progress.

Alanine aminotransferase:

Of the 932 women 25 (2.7%) had abnormal serum ALT levels. The abnormality correlated with the health status of the individuals. 7/463 (1.5%), 11/388 (2.83%) and 7/81 (8.64%).

Hepatitis C tests:

Sera were tested under code and we only have the overall results, 25 volunteers were discovered to be infected with HCV, for an overall infection rate of 2.7%. Correlation with ALT, risk factors, demographic data and health status is in progress.

CONCLUSIONS

The conclusions are preliminary because the work has not been completed. However, it is clear that hepatitis C has increased rates of infection among active duty military women. Data from comparable American populations show that about 0.3% to 0.5% of blood donors are infected with the virus (1). A serological survey of apparently healthy American population (not blood donors) was recently shown to have a 1.4% overall rate of infection (2). This study shows an overall infectivity rate of 2.7%. It willbe of interest to observe if the ALT abnormality which was also observed in 2.7% of the studied subjects, correlates with the positive tests for HCV infection. The observation of abnormal serum ALT levels which correlated with status of health is quite interesting. It is possible that healthy women have less risk to acquire HCV infection than their counterparts who attend clinics or become hospitalized. Surgical procedures, blood transfusions, and other risk factors associated with medical care may play a role in transmission of HCV. A similar study to address military populations away from hospital centers is indicated.

No major studies have been published since the beginning of this effort which addressed the topic of this research. Perhaps the only relevant work is by Thomas et al, which showed an increased rate of infection among women whose sexual partners are infected with the virus (3). Women had a 3.7 times more likelihood to be infected with HCV.

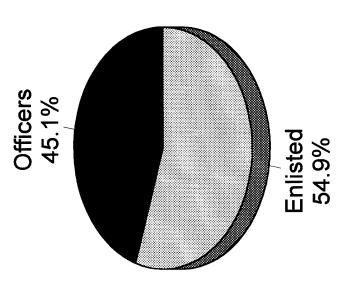
In conclusion, military active duty women have an increased rate of hepatitis C infection as compared to American blood donors or counterpart civilian populations. Women also manifested a susceptibility to express liver disease, manifested by abnormal serum ALT levels. This occurs when they become ill and seek medical care as inpatients or outpatients. Data are being analyzed to examine possible risk factors which would explain such findings.

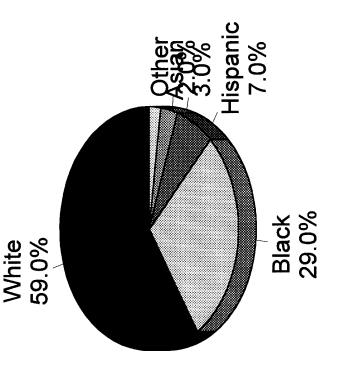
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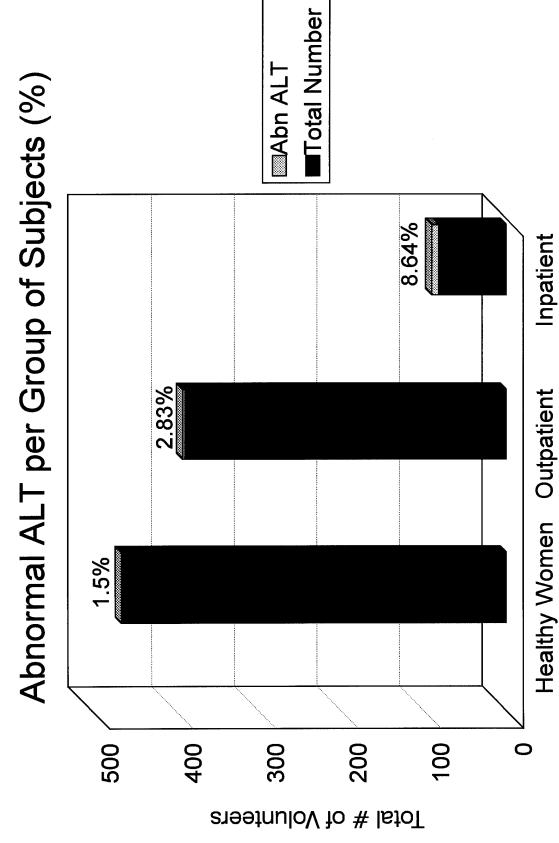




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Clinical Impact of HCV Infection Among Military Women



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